



## TELEHEALTH READINESS ASSESSMENT

ADAPTED BY  
HEALTH MANAGEMENT ASSOCIATES  
FOR ID TELEHEALTH READINESS  
SHIP PROJECT 2016

This tool was designed to be used by Idaho providers and practices who have completed the demand analysis exercise presented earlier in this series, and now wish to measure their level of program readiness. The tool asks a series of questions to ascertain the level of readiness to offer telehealth services and to highlight critical gaps in the process. The tool is designed for providers and practices who are in the early stages of the process and who are beginning to consider what factors are involved in building their telehealth program. Optimally, gaps can be identified and barriers overcome at the earliest stage possible.

It is important that the individuals completing this tool consult with other stakeholders in their practice who are familiar with how the clinic functions in the eleven domains of self-assessment summarized on the following pages. Responses should be verified with subject matter experts in each area of the practice operations and then approved by your leadership or senior management teams.

Users of the Readiness Assessment should review all responses to questions once completed and use the results as a checklist for planning and preparation. The questions on which they answered “no” or “partial” should serve as an itemized list of areas for further planning and research before launching a telehealth program (or program expansion). More detailed discussion of the questions and of key subject matter within the Readiness Assessment tool will be presented throughout the webinar series.

Upon completion, the user will have an understanding of the baseline state of readiness to implement a telehealth program and a set of follow-up steps to increase the organization's telehealth capacity. Once the follow-up steps are complete, the user can return to this self-assessment to determine whether telehealth readiness has improved.

After the initial presentation, recordings of the webinars are available [here](#) for reference: on the right-hand side of the screen under “Telehealth Webinar Series.”

## A. PLANNING

Planning begins with a strategic plan, scope, a level of understanding of what the program will entail, a definition of the problem, and a description of how the technology will help to address the problem.

	NO	PARTIAL	YES
Has your organization defined “telehealth” and created a general understanding of what services will be included in this program and what clinical problem the program is attempting to solve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a telehealth program included in your organization’s strategic plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you created and shared the goals for a telehealth program with all team members and stakeholders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have general agreement from key stakeholders on moving into the readiness assessment phase?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there competing initiatives that would prevent you from implementing a telehealth program in the next year such as major renovations, re-organization, re-alignment of business partners, or the launch of other resource intensive initiatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dedicated resources currently in place (staff, funding) to start a telehealth program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your funding extend beyond the initial planning and pilot stages so that the model is sustainable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your team created a telehealth business plan that outlines the use case and business model?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## B. ENGAGEMENT

Engagement involves including key stakeholders- beginning with project planning.

	NO	PARTIAL	YES
Have you established a workgroup on telehealth with key staff and champions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your workgroup representative of all stakeholders including clinical and administrative end users, IT support and management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the members of the workgroup have protected time to support this effort throughout the length of the implementation process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you communicated the proposed telehealth plan to staff outside of the workgroup in order to get additional feedback and support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you begun to develop a marketing and communication plan outlining how the details of the program will be communicated and how participation in the program will be promoted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### C. CHANGE MANAGEMENT

Change management addresses the impact that this new program will have on your existing operations.

	NO	PARTIAL	YES
Have staff been informed of a telehealth initiative in your organization? Have you shared with them the reasons why the practice is considering using resources for a telehealth program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a mechanism for staff and patients to share their concerns and provide their feedback on how the program is being developed and on the plans for implementation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, do you have an outline of your implementation plan for telehealth that clearly identifies anticipated changes in workflow, etc.? Has this plan been shared broadly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you done an analysis or side by side comparison of how each staff member's participation and contributions in a telehealth visit will compare to an in person visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you developed an approach to work with less tech-savvy staff and providers who may have difficulty engaging with the program due to poor IT skills and understanding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Section II: Experience with Telehealth

Understanding prior institutional and organizational experience in telehealth is key to identifying and leveraging the solutions that have been successful as well as the barriers that may remain.

	NO	PARTIAL	YES
<b>Does your organization currently have any experience providing or receiving telehealth services including:</b>			
Virtual visits (live, interactive)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eConsult referral platform for specialty consultations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remote patient monitoring such as blood pressure monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
mHealth, digital health such as fitness trackers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct to patient telehealth (remote or home based virtual visits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Store and forward to specialists such as teledermatology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Texting or direct messaging to patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Have you ever been involved in a Project ECHO™ or other specialty telehealth consultation service? If so, which one:**

**In an addendum to this tool, the team should describe their experience in these telehealth modalities and the specific challenges and barriers that were addressed.**

### Section III: Organizational Technology Capacity

The telehealth program team should include members with the skills and time to evaluate and support the technology requirements for your selected services.

	NO	PARTIAL	YES
Does your telehealth team have a member, or does the team have access to an IT expert who can respond to technical questions and IT readiness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the ability to evaluate the bandwidth and connectivity needed to support your proposed solution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you determined equipment needs for both originating and distance sites? (e.g. client homes, other clinics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you considered whether the telehealth solution will integrate with other organizational technology systems and processes, such as EMR, patient portal or e-prescribe? Does it need to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your team have experts who can perform a critical analysis of any equipment and technology you may consider purchasing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your team have individuals with the experience, expertise and the time to work with IT vendors to evaluate technology contracting or service agreements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### A. CHOOSING EQUIPMENT

Equipment selection requires specific expertise and dedicated time. Commitments to acquire specific equipment should be reserved for later stages of the program development once all other business requirements have been addressed.

	NO	PARTIAL	YES
Do you have a process for equipment selection such as a tool or checklist when evaluating different vendors and pieces of technology equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there team members experienced in this process included in the evaluation and selection of the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you obtained references from other clients/customers of the potential vendor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a secure location to store the equipment when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a plan for maintenance and ongoing IT support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you developed a training module for the use of the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a workflow or contingency plan for equipment failure or connectivity failure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	NO	PARTIAL	YES
Have you identified a designated space with an appropriate layout to conduct a virtual visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the designated space adequate for a private conversation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the security and privacy of the transmission been evaluated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the video quality adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the lighting adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For home use- like vital monitoring- is the reading/language appropriate for your patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do patients have adequate support at home to take advantage of the service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you considered how the encounter will be documented, saved or downloaded if necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## B. WORKING WITH VENDORS

Having a vendor relationship strategy will maximize your time and resource allocation when evaluating multiple tools and technology solutions.

	NO	PARTIAL	YES
Do you have a lead identified who will be the point of contact for managing vendor relations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a nondisclosure agreement in place if you need one?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a process for identifying which vendors and solutions to evaluate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a contracting officer who should be included in vendor discussions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a vendor assessment tool with minutes and scoring for each demo, taking into account real end user perspectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had the opportunity to test the equipment, software or service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a plan for initial and ongoing training and support from the vendor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section V: Regulatory or Policy Understanding

Telehealth regulations, policies and requirements are specific to certain providers, locations and scope of services; each element will need a thorough evaluation for compliance early in the stages of program development.

	NO	PARTIAL	YES
Do you have a process in place, or a role identified, to keep the telehealth team updated on changes in regulations, statutes, federal and state policies, and pending legislation during the planning stages and throughout the duration of the telehealth program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are both the originating site (patient's location) and distant site (provider's location) within the state of Idaho?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you agreed on a process for credentialing external or new providers in this program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you included your privacy officer in the development of your telehealth program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you discussed your proposed telehealth program and the scope of practice with the practice's malpractice and liability carriers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you considered how to obtain and document the patient's consent prior to receiving services via telehealth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The telehealth program should be built on a solid financial plan that is sustainable and scalable. The return on investment should reflect an acceptable financial model as well as an understanding of the non-financial benefits.

	NO	PARTIAL	YES
Does your telehealth team include a member who is familiar with Medicaid and Medicare regulations regarding telehealth? If so, have you begun the process of determining if your site and your program will meet the specific requirements for the telehealth services you intend to offer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you done an analysis of the payer mix for the patients who will be receiving telehealth services? Has your team reviewed the telehealth reimbursement policies for each of these payers? Have you determined which services/billing codes are reimbursable by insurers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your telehealth team reviewed the relevant Idaho telehealth statutes as well as the requirements of individual payer plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you considered and gathered the necessary information to determine an ROI for your program such as fixed costs, resource/ staff time, space allocation, impact on productivity, impact on patient and provider satisfaction and impact on access to new services, or shorter waiting times? Has the team scheduled a work session dedicated to determining your program's ROI?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you received a "one time" grant or in kind donation for equipment or other startup costs, have you identified a source for ongoing costs so that the program is sustainable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section VII: Clinical Considerations

The clinical services delivered within the telehealth program, and specifically within virtual visits, are expected to meet the same quality standards as an in person visit.

	NO	PARTIAL	YES
Has your clinical staff stated any preferences for which services or specialties should be included in the telehealth program? If so can you articulate them here as an attachment to this assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have clinical staff available to participate in a telehealth program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you need to find additional providers for your program, such as contracted providers from telehealth vendors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If your program includes contracted or other third party providers- is there a plan to reach those providers for clinical questions outside of the usual telehealth program hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will your program require after hours on call services that are not currently required or in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you determined a quality assurance process to monitor the quality and effectiveness of the clinical services being provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a process for clinical oversight? Will your current medical director/CMO provide this oversight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your telehealth team considered or addressed any cultural issues with your patient population that could be an issue with telehealth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the space you have designated for telehealth adequate for the provider to do a clinical assessment and make a clinical judgement and recommendation similar to an in person exam?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section VIII: Relationship with Specialty Providers

Defining the relationship between the referring providers and the specialty consultants is an important step to address early in the program development.

	NO	PARTIAL	YES
Have you identified which specialties will be included in your program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you identified the source of the specialty consultations- from internal sources, local community sources, tertiary referral centers or virtual (vendor supported) specialists?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you considered the impact that virtual specialists may have on your local network?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you developed a template for the contracting relationship between the originating and distant sites? Have you included key stakeholders in this discussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you developed a proposed framework for the clinical arrangements between the referral providers and the specialists?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section IX: Workforce Development

The telehealth program should include staff who are engaged in the process and who have the time and expertise to facilitate a telehealth visit.

	NO	PARTIAL	YES
Do you have time set aside to provide initial training and education for your workforce?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have time set aside to provide ongoing training and education for your workforce?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a physician, or other clinical champion on the telehealth team?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have adequate IT support for the program development as well as ongoing program support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have staff who can function as a telepresenter, such as a medical assistant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you do not currently have an adequate workforce for this program, has the team agreed to a timeline for recruiting and hiring prior to implementation of the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Section X: Patient Engagement and Marketing

Effective marketing to all stakeholders: providers, specialists, patients and their care givers will lead to increased rates of engagement.

	NO	PARTIAL	YES
Have you created a policy on which patients will be considered for telehealth and how? Does this policy address kids/adolescents as well as adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your site determined what kinds of efforts are required to market telehealth services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you identified which patient education materials need to be developed on telehealth visits? (e.g. a one-pager or pamphlet; address topics of privacy, cost, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you considered how to increase provider engagement in telehealth services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a communication strategy, or have you identified a team member to lead this effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Defining and measuring outcomes will help to establish and share the success of the program and indicate opportunities for improvement.

**Do you have any specific clinical outcome expectations you would like to see with telehealth? If so, list them:**

☐ YES   ☐ PARTIAL   ☐ NO

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**Do you have any utilization or cost impact outcomes you would like to achieve with telehealth? If so, list them:**

☐ YES   ☐ PARTIAL   ☐ NO

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**Do have any staff satisfaction outcomes you would like to achieve with telehealth? If so, list them:**

☐ YES   ☐ PARTIAL   ☐ NO

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**Do you conduct patient satisfaction surveys? Can these surveys be utilized for telehealth visits?**

☐ YES   ☐ PARTIAL   ☐ NO

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